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ORIGINAL DEPARTMENT.

LECTURE.

I. PULMONARY PHTHISIS.

Delivered at the Philadelphia Hospital, November 19th, 1879.

BY WM. PEPPER, M.D.,

One of the Physicians to the Hospital, and Professor of Clinical Medicine in the University of Pennsylvania.

REPORTED BY WM. H. MORRISON, M.D.

GENTLEMEN—Before taking up the study of pulmonary phthisis, I wish to have a clear understanding as to the use of certain words and the meaning we shall attach to them. The general name given to the class of diseases we propose to study is phthisis, or pulmonary phthisis. I am happy to say that the term pulmonary tuberculosis is now seldom used as the general name for this class of diseases, but is limited to those cases in which true tubercles are present. A few years ago this term was used as identical with pulmonary consumption, but, as you all know, recent investigations have shown that a large proportion of the cases of consumption are not tubercular; and although there has been a great improvement and advance in the use of the terms phthisis and tuberculosis, yet I think that the words are still used with far too little care, for practical purposes. This is scarcely allowable since we now have such clear ideas as to the pathology of these diseases.

What, then, shall we study as pulmonary phthisis? Phthisis really means a wasting away, a destruction. If you were to consider the term as applied only to the appearance of the patient, and we know that in most cases of chronic lung disease there is progressive loss of flesh, color and strength, it might be used to include all chronic diseases. The name has not been given

in consequence of the general symptoms, but on account of the changes in the lung. The term pulmonary phthisis has been used to indicate all forms of chronic, destructive disease of the lung. Let us, therefore, use it only in this sense, and we will find that a number of forms of pulmonary disease are included. Take, for instance, the ordinary form of pneumonia, croupous pneumonia, so called, perhaps, because in this form of disease the affected lung substance becomes the seat of an exudation from the blood vessels filling up the vesicles of the lung. This exudation is coagulable. When it is examined under the microscope it is found to be composed largely of coagulated fibrin, in which is imbedded a certain number of red blood globules and leucocytes that have wandered from the blood vessels. If you examine the epithelium of the vesicles, you will find that it has taken very little part in causing the exudation. This material is analogous to that found in membranous croup, and it is on this account that the exudation is called croupous. The term croupous, is a generic one, applied to the coagulable matter from the blood, imbedding red globules and leucocytes, and where the epithelial layer has taken little part in its formation. We have acute and chronic croupous pneumonia.

Then we have catarrhal pneumonia, so-called because the exudation, instead of being derived from the blood, is the product of the epithelial cells lining the vesicle. There is some little exudation from the blood vessels, but the greater part is the result of the action of the cells of the epithelial lining of the vesicle. The wall of the vesicle is, therefore, implicated in a high degree in this catarrhal process, just as it is in all ca-

tarrhal processes. We have of this catarrhal pneumonia two varieties, acute and chronic. There are, then, two forms of pneumonia, and I shall illustrate their pathological changes by drawings and specimens.

After a patient has had pneumonia, of either form, and it passes into the chronic variety, it is customary to say that he is running into phthisis; but I would limit the term phthisis to that condition in which, after the morbid process has lasted for a certain length of time, destruction of the lung tissue has commenced, and I would not say that a patient had phthisis unless evident ulceration and destruction of the vesicular substance of the lung had taken place. So that many cases that are now called catarrhal phthisis and croupous phthisis, I would prefer to call chronic catarrhal or chronic croupous pneumonia, and only use the term phthisis after some destruction of the lung substance had occurred.

Again, we have acute tuberculosis of the lung. Now, this is not a form of phthisis, for it kills before there is time for any destruction of the lung tissue to take place.

Thus we have phthisis which may result from croupous pneumonia, and is called croupous phthisis, or it may follow catarrhal pneumonia, called catarrhal phthisis. It may, as I will show you when speaking of the croupous form, assume a form called fibroid phthisis. And lastly, it may result from tubercles, causing true tubercular phthisis. These different forms of pulmonary disease are shown by the table on the board.

Croupous pneumonia—acute and chronic.

Catarrhal pneumonia—acute and chronic.

Acute tuberculosis.

Phthisis.	{	Croupous.
		Catarrhal.
		Fibroid.
		Tubercular.

I want to illustrate at some length the chronic forms of these affections. I shall preface our discussion by first giving you an idea of the anatomical condition of the lung in these different affections, and will then bring before you typical cases. These cases form such an enormous proportion of chronic lung troubles, that they constitute one of the most important groups of diseases.

—Terrible accounts are received of the famine in Kurdistan, Armenia and Persia. One letter states—"Thousands are dying in several places. We have reports of the dying feeding on the dead, of men killing all their children, of hundreds of children abandoned and perishing in the streets." And these are but the beginning of sorrows. Pestilence will come to glean the fields reaped by famine.

COMMUNICATIONS.

THE MENOPAUSE.

Read before the Medical and Surgical Society of Baltimore,

BY A. B. ARNOLD, M.D.,

Professor of Clinical Medicine and Diseases of the Nervous System in the College of Physicians and Surgeons.

In consulting some of the standard works on diseases to which women are peculiarly liable, I find that the popular belief in the numerous affections attending the so-called "critical period" of life is not shared by the best observers. The results of comparatively recent investigations concerning the phenomenon of menstruation have wrought a great change in the opinions which were formerly entertained on many questions relating to this subject, and among them the abandonment of the belief in the morbid influence of the menopause. Scanzoni says he "never observed that the delay of the menopause had any injurious results upon the health, with the exception of cases where the losses of blood have been excessively abundant, and produced general anæmia." Cazeaux is even more decided in his language. In speaking of the cessation of the menses he remarks that "Its dangers have been wonderfully exaggerated." In the majority of cases its symptoms are light, or do not appear; malignant disease of the ovaries, uterus and breast begin, as a rule, before the menopause; latent disease which may declare itself at that period is much rarer than is commonly supposed, and the mortality between forty and fifty is not greater than at other periods in the life of an adult woman. Dr. Mary Putnam Jacobi, in her prize essay on "The Question of Rest for Women," adopts a theory of menstruation which implicitly denies that there is anything pathological in the menopause. Cohnstein discredits the unfavorable prognosis which is ascribed to diseases that occur during or after the menopause.*

It is the fashion of systematic writers to mention the climacteric period of women as one of the predisposing causes of many ailments whose etiology is obscure. This practice among authors, of filling up the want of exact observation and reliable evidence with mere conjectures or far-fetched probabilities, often perpetuates traditional notions that rest on exploded fallacies. It is time that the importance attached to the "change of life" as a common factor of multifarious disorders in women should be laid aside,

* "Virehow's Archiv.," Vol. 41, page 103.

just as it has happened to the statements constantly recurring in older medical works, that suppressed itch, retrocessant gout, latent syphilis, and the scrofulous taint, play a conspicuous role in the production of a vast number of diseases. It is a very old belief, and has even found expression in religious ordinances, that a woman must be held unclean and unfit to mingle with general society during her menstrual period; and very noxious properties were assigned to the flow. There was a time when the eliminative theory of menstruation was favorably received by the medical profession. Thus popular belief and medical teaching had conspired to consider the monthly discharge as a morbid product that accumulated in the female system, and must be gotten rid of or the most disastrous consequence to health would follow. It is, therefore, easy to understand why women are inclined to ascribe nearly all the complaints from which they suffer during the climacteric period to the irregularity or complete stoppage of menstruation. There is also reason to believe that an exaggerated morbid influence has been formerly attributed to the pubescent state in females. We are now assured that the Gräffian vesicles are fully formed and developed long before the period of puberty, and that the ovules abort during childhood and adult life, not always by rupture, but sometimes by involution or atrophy. The maturity of woman, or her reproductive capability, is a stage in her life which is gradually reached, and "the periodicity of menstruation," as Dalton says, "is one of the vital and physiological phenomena of woman." Experience shows that various deleterious influences may intervene that retard the normal establishment of this function, but it would be an error to suppose that the mere event of sexual maturity in woman is of itself a common source of disease.

In order to judge of the correctness or falsity of the opinion which holds that a number of ailments attend the menopause, it is useful to refer to that theory of menstruation which is mostly accepted at the present time. The ovulation theory maintains that the menstrual hemorrhage is a subsidiary phenomenon, entirely dependent upon the periodical dehiscence of the ovule; the ovary discharges its ovule independent of fecundation; menstruation corresponds to the rutting season of animals; fecundation is in constant relation with menstruation; that it never occurs in mammalia and the human species except when the emission of an ovule happens synchronously with the presence of seminal fluid, and that this takes place in the uterus and the region of the

Fallopian tubes when the ovule and sperm encounter each other. According to Rouget, the ovaries are furnished with a highly vascular ramification, resembling erectile tissue, which is analogous to that of the corpus cavernosum of the male organ, and extends to the uterus. Parts of this theory as supplemented by Rouget have recently been called into question. It is objected that the ripening of a follicle to a complete ovule is the effect of increased reproduction, and not of sexual excitement; and that the vascular plexus at the base of the ovaries and extending to the uterus is not of the nature of erectile tissue. According to the theory thus modified, and which is ably defended by Dr. Mary Putnam Jacobi, as soon as an ovule has ripened and escaped from the ovary into the uterus, this organ undergoes changes preparatory to the fecundation of the ovule, consisting of vascularization and thickening of the endometrium. Should no fecundation take place, then a periodical dehiscence of the ovule occurs, and menstrual hemorrhage follows.

Whatever may be the fate of the ovulation theory, the fact stands irrefutable, that there is an intimate relation between reproduction and menstruation, and that in the vast majority of instances the commencement and cessation of the one coincides with the commencement and cessation of the other.

Now, it is against all the rules of physiological reasoning, that the cessation of the functional activity of the female generative apparatus, because of the natural failure of the reproductive vigor of the general system, should of itself be the cause of various morbid affections. But apart from this, what are the clinical evidences which show that the menopause acts as a predisposing or exciting cause of disease? The books tell us of symptoms like these: "Indefinite lumbar and pelvic pains, colics, itching of genital parts, flushes of heat in the face, alternating with chilliness and profuse perspiration. This brief catalogue of trivialities requires no comment; they are hardly an offset against the beneficial effects of the menopause on dysmenorrhœa and uterine fibroma. My own experience constrains me to assert that the vague complaints of females at the "critical period" are not peculiar to it; and the more serious affections have an incidental character.

Alienists used to tell us that insanity is frequently developed in women at about the time of the cessation of the menses. Gynecologists, who have better opportunities for observation, do not seem to share this opinion. At the

fourth annual meeting of the American Gynecological Society, held in this city, Dr. Skene, of Brooklyn, read a paper on this subject, in which he says that "insanity from menopause is not so common as is generally supposed."

If there is any one disorder mentioned more frequently than all others in connection with the menopause it is hysteria. This malady, which is almost exclusively confined to women, does occasionally manifest itself for the first time at the climacteric period. But whether there is a relationship between the two is another question. On theoretical grounds, it might rather be inferred that the gradual cessation of the reproductive function, which periodically makes considerable demands upon the physical resources of the female, and more especially the freedom from the perturbations associated with pregnancy, parturition and lactation, would remove some very potent causes that favor the development of hysteria. Perhaps there is no symptom of which women complain so much during "change of life" as a species of headache which popular pathology ascribes to a "rush of blood to the head." This symptom is not uncommonly accompanied by insomnia, and in some patients also by loss of appetite, a feeling of languidness, and irritability of temper. Others accuse the irregularity of menstruation that often precedes the menopause of causing pains in the lumbar region and the lower extremities, and an annoying frequency of micturition. It would serve no useful purpose to enumerate the many other ailments resembling those of hysteria, or of a so-called nervousness, which may happen to plague women about the climacteric period.

I have already cited the experience of competent observers who attach very little weight to the current belief in the etiological importance of the menopause, and, as it appears to me, with full justice. If we deduct the incidental symptoms that can only be arbitrarily connected with the cessation of the menses, and those which indicate a more probable causation, very few will remain that can be properly assigned to the physiological event of the menopause.

Remarkable Toleration of Opium in an Infant.

Dr. J. Mackenzie Booth, of Aberdeen, reports, in the *British Medical Journal*, the case of an infant, four months old, whose mother gave it from six to eight drachms of laudanum, in teaspoonful doses, during the twenty-four hours. The child was much emaciated. The doctor has succeeded in diminishing the quantity given to four drachms daily, without causing any suffering to the child from the withdrawal of the opiate.

HOSPITAL REPORTS.

LOUISVILLE CITY HOSPITAL.

CLINIC OF JOHN A. OSTERLONY, M.D.,

Professor of Theory and Practice of Medicine, Kentucky School of Medicine.

REPORTED BY A. H. KELCH.

Emphysema.

GENTLEMEN—At the last lecture I showed you a case of chronic bronchitis, with emphysema, and in the examination I made I demonstrated to you the important symptoms and physical signs of the latter disease.

I called attention to the fact that he had not only this mechanical disease of the chest, emphysema, but that there was also dilatation of the heart. That diagnosis met with a very sudden confirmation, by the death of the patient the next morning. He died in a way in which only persons with heart disease pass away. There was no reason for suspecting disease of the nervous system in his case, and his death was just what would have been expected under the circumstances. To-day I intend to speak to you about this patient, who is unavoidably absent. I wish to speak to you about emphysema, and especially of emphysema as manifested in his case.

This is a mechanical lesion and a rarefaction of the lung. This particular form is called vesicular emphysema, and consists in a dilatation of the air vesicles. As they become more and more dilated there is necessarily more and more pressure upon the tissues that lie between them, the intervesicular spaces. Secondly, the walls become thinner and thinner. Now, if you reflect for a moment about what structures lie between the vesicles, you will see what an important affection it is, and what serious consequences result from the dilatation of these vesicles and the attenuation of their walls. In these spaces lie the vessels which bring the blood to the lungs, to be aerated, and which return the blood from the lungs after this vital fluid has been changed by contact with the atmospheric air. As these spaces are pressed upon the little vessels they contain are compressed, and finally they become obliterated, and in these facts you have the key to the symptomatology, the whole pathology of emphysema.

The air vesicles sometimes become so dilated and distended that the walls that separate one from another break through, and so form large cavities, containing air, where formerly, in the healthy state, there were only walls, alveoli and lobules. When we look at an emphysematous lung it is seen to occupy a greater space and it is paler than natural. Why? Because it contains a great deal less blood than in the normal state; because the blood vessels that bring the blood all through the substance of the lungs are more or less extensively obliterated.

Emphysema usually affects both lungs, but there is a great difference in this respect in different cases. The anterior and the upper portions of the lungs are especially affected, and they may become so distended that the superficial cardiac region, that portion of the heart uncovered in

health by lung, becomes much smaller than it should be. The lungs occupy greater space at the expense of other organs.

What are the causes of this disease? We find often enough that emphysema is produced by chronic bronchitis, and by whooping cough. That it occurs in connection with some disease that incapacitates a portion of the lung; thus, for instance, it may occur in pneumonia. It may arise from the straining in childbirth. We find it in connection with asthma, where there is a great effort to force the air out of the lungs against an obstruction. You know, in asthma there is a spasmodic contraction of the small circular muscular fibres which surround the bronchial tubes, and consequently there is not only great difficulty in getting air into the lungs, but there is a good deal of difficulty in getting rid of the air already in them. When the patient performs an expiratory movement that air is forced out against this spasmodic obstruction, and, as a consequence, the walls of these vesicles are put considerably upon the stretch. In course of time this results in the permanent dilatation of the vesicles.

Emphysema occurs sometimes in connection with tuberculosis; sometimes it occurs in connection with empyema, or in simple pleurisy with effusion. But in all these cases it is because one portion of the lung has to do supplementary work for other portions; just as we find that an obstruction of a certain blood vessel will cause blood vessels in the neighborhood to become congested, from receiving an undue amount of blood, and thus causing these vessels to become dilated. So we also find that when certain of the bronchial passages become obstructed, the same amount of air coming in through the trachea all the time, a larger quantity of air passes into those air passages that remain pervious, and this results in the formation of emphysema.

Sometimes heredity seems to be the cause. A large number of persons suffering from emphysema are found to have emphysematous parents; and we also find that many persons who have emphysematous children are emphysematous themselves. In persons who have emphysema at a very early period of life the disease is found to have existed in their progenitors. It is a curious thing that a disease so often found to be secondary and mechanical should have so strong an element of heredity in its production. Out of twenty-eight cases analyzed by Dr. Jackson, Jr., of Boston, it was found eighteen had emphysematous parents.

Heart disease brings with it more or less pulmonary congestion, and whenever we find that a portion of the lung becomes incapacitated, there is a free compensation, and the portions which are still pervious receiving a greater amount of air and having to do supplementary work, will take on emphysema. So in advanced cases of heart disease you will almost invariably find more or less emphysema, especially if it is mitral trouble. Atelectasis of the lungs also produces this disease when it arises early in life.

Now, if you turn to your note books, you will find that, as I go over the symptoms and signs, a good many of these were present in the case I last exhibited.

Persons with emphysema suffer from dyspnoea. This is constant, because the cause is constant and permanent, but it is aggravated in paroxysms, from violent exertion, under any circumstances that cause an unusual demand upon the respiratory organs. They suffer also from cough, which is irritative and unattended by muco-purulent expectoration. Our patient told us he spit up white, frothy material, except when he had an attack of bronchitis, then it became muco-purulent in character. So that, ordinarily, the expectoration is comparatively slight, and composed of white, frothy saliva, and occasionally it becomes muco-purulent, from the development of an intercurrent attack of bronchitis.

These patients are found to have a peculiar complexion. Do you remember the complexion of our patient last week? There was a tinge of lividity about his fingers, and his lips were decidedly livid, showing deficient aeration of the blood. In many cases you will find the face is also apt to be a little swollen, from thickening of the cellular tissue. The breathing is sometimes slow, but in other cases much accelerated, and the breath comes quick and short.

These persons have a decidedly diminished specific gravity, consequently when they swim they float very high, because the lungs act like the bladders the boys tie under their arms to buoy them up. The lungs contain a larger amount of air than belongs to a person of their height and general development, and, consequently, their specific gravity is really lighter, and they float more easily. The circulation is affected. The nose and hands are apt to be cold and mottled. You remember how marked that symptom was in our patient. They are apt to have a poor appetite, their bowels are constipated, and you will find in some a very decided wasting. The patient we had before us had wasted away considerably, but it was difficult to estimate to what it was due exactly, for he was rather inclined to intemperance, and he was poor, and had been exposed to all those unfavorable influences that persons of his circumstances and unfortunate habits are likely to suffer from.

These being the symptoms, you will find they are not sufficient to make out a positive diagnosis. In those days when physicians knew nothing of percussion and auscultation emphysema was not recognized during life with any degree of certainty, and it was only when the body was examined after death that the pathological condition was recognized.

The physical signs, however, will discover the nature of the disease without any difficulty. First, when we look at a patient with emphysema we find that mere inspection gives us very important evidence. The chest is usually globular, barrel-shaped. The prominence is most notable in mid-thorax. In some cases there is bulging in the supra-clavicular region, but that is not a very common symptom. Sometimes the intercostal spaces bulge out, but this also is not a constant thing. However, the intercostal spaces do become indistinct, and as we watch the patient breathe, we notice that his breathing is decidedly abdominal—diaphragmatic. You will notice that there is a depression with each inspiration in the supra-clavicular spaces and in the lower in-

tercostal spaces. You remember how plain that was, and that I called your attention particularly to it, at the time we had the patient before us. I immediately suspected the existence of some disease in which there was an interference with the proper expansion of the chest. The lungs cannot fill, because they are already full. There is no opposition to atmospheric pressure, so that when patients draw in a full breath little more air enters the lungs than was there before.

When we look at the chest posteriorly we see that the shoulder blades, instead of occupying a vertical position occupy almost a horizontal position, so that the shoulder blades and spine both make a very decided projection. When a patient with emphysema draws a long breath, the expansion movement is very limited. The inspiratory act is composed of two elements, expansion and elevation. In emphysema the expansion movement is almost obliterated, and the elevation movement is increased, and furthermore the ribs and sternum move *en masse*. That also was very marked in his case.

On palpation vocal fremitus is diminished; when we practice mensuration the whole chest is larger than it should be. When the disease is limited to one lung the affected side measures more than the sound one, and inspiration causes little expansion. You remember I called attention to that fact when examining the patient, and demonstrated it also at the same time. I showed you that when he drew a long breath there was an expansion of his chest of but one inch. This is exceedingly small; a person with a healthy and well developed thorax should give, on forced inspiration, three or four inches increase.

On percussion the chest was abnormally resonant; we had what is called vesiculo-tympanic resonance; that is to say, there was a greater intensity of sound, and at the same time, an elevation in its pitch, and a loss of the normal vesicular quality. This is found wherever the lung is emphysematous.

What does auscultation tell us? You will find, first of all, that the respiratory sounds are enfeebled; secondly, that the heart sounds are weak; the inspiratory sound is delayed. First, you feel the chest move, and then, after a perceptible interval, you hear the inspiratory sound. Then, next you find the expiratory sound is delayed and prolonged, and perhaps somewhat rough, but it is not raised in pitch. In bronchial respiration we have prolonged expiration, but elevated in pitch, which you do not have in the expiratory sounds characteristic of emphysema.

As a general thing the area of precordial dullness is diminished. Why? Because the lung occupies more space than it should occupy. It overlaps the heart to a greater extent, and therefore diminishes the area of dullness in the precordia.

We have, then, resonance where in health we have dullness, and we find if only one lung be increased the distention may be so great as to push the heart to one side. When both lungs become the seat of emphysema, the diaphragm is pushed down, and the liver and heart descend to the same extent, so that the liver may occupy a much lower position than in health; its lower margin may be considerably below the costal

arch, whereas in health the lower border of hepatic dullness is on a level with the inferior margin of the ribs.

I told you that the patient before us had disease of the heart, and that brings me to the consideration of the complications of emphysema. Disease of the heart is one of them, and an important one, and quite common. I explained to you, at the last clinic, how distention of the right side of the heart is brought about by extensive emphysema, and you must always remember that this is one of the dangers of emphysema, one of the conditions that aggravate the sufferings of the patient and diminish his chances for longevity. It was difficult for me to say whether in our patient the heart trouble was the primary or the secondary disease. I am inclined, however, to think it was secondary, and one reason for thinking so is that he had apparently no valvular trouble. If you remember, I told you the sounds of the heart were perfectly clear; there was no trace of a murmur. There was no evidence of his having had endocarditis. We found the heart to be feeble and the precordial area of dullness to be abnormally great. So that although he had considerable emphysema the enlargement of the heart was great enough to cause considerable increase in the area of precordial dullness. Bronchitis, I have already told you, is not only a cause of emphysema, but it is a result of it and a complication, and asthma sustains the same relation to the disease. Persons with emphysema are very prone to have asthma, and persons with asthma are very certain to have emphysema after a while.

In tuberculosis, as a general thing, you will find that in the immediate neighborhood of the deposit there is a well marked emphysematous zone. You may see an old tuberculous concretion and cicatricial tissue where there has been at one time tuberculous material that has undergone partial absorption and concretion; the organic elements have been absorbed and the inorganic encapsulated. In the immediate neighborhood of it the lungs are emphysematous. The vesicles lying immediately around have had to do double duty, have become distended and permanently dilated, and constitute a circumscribed emphysema. Emphysema may be primary; I do not deny that it can be; in fact, it is universally acknowledged it can be; but I do not remember having seen a case where it was primary. I suppose those cases where it occurs very early in life come nearer being primary emphysema than any others. Perhaps the disease is due to an inherent weakness of the walls, which renders them liable to take on this dilatation when they are exposed to the unusual strains that all of us are exposed to.

Secondary emphysema is most common; ninety-nine out of one hundred cases of emphysema will be found of that kind, I think. At least, that has been my experience. It may be circumscribed or general, affecting the whole of one or both lungs, or small portions. It tends to show itself mostly upon the surface, but it is also found deep down in the very centre of the lungs, and occasionally upon cutting into emphysematous lung you will be surprised to find away down in it some large emphysematous cavities.

Then we have vesicular emphysema, and what is called inter-lobular emphysema. In the case of which I have spoken there was vesicular emphysema.

What are you to do for these cases? Can you cure them; or how can you make them comfortable and prolong life? You will have to treat symptoms, and very little else can be done.

It is found in winter, when the air is cold, these cases always get along badly. Then they become liable to attacks of bronchitis; the dyspnea becomes increased, and then the cough and expectoration become exceedingly troublesome, and the unhappy patient gets no good sleep, and a full meal oppresses him. Anything that embarrasses the action of the diaphragm tends to make them more uncomfortable. Indeed, I might have mentioned, in connection with the symptomatology, that these patients have a sense of fullness. They feel stuffed, and as if they were distended with air. They should be kept in a warm room. You should prohibit violent exercise of any kind. That is important, for a man may continue his labors, suffering terribly, and not knowing that he can mitigate his sufferings by changing his mode of life.

We are in the habit of giving these patients expectorants, and it is the class of stimulating expectorants that are beneficial to them. Carbonate of ammonia and Hoffman's anodyne, comp. spts. ether, senega, etc., are of benefit, but not so much as regards emphysema as the bronchitis which complicates it. Anything that interferes with the respiration ought to be carefully avoided.

You may endeavor to postpone the time of heart failure by putting the patient on digitalis, and I have quite often seen good results from it.

Lastly, we have come to treat these patients by the administration of compressed air, which gives them comfort, and may prevent, to some extent, at least, the extension of the disease. Compression of the thorax, in order to aid the imperfect expiration, has also been tried, with some success, especially in the young.

The prognosis is unfavorable. You cannot cure the patient, but, nevertheless, life may be prolonged considerably, especially if you give them good advice about how to live, and if they are in good circumstances, so they can avoid the exposures from which poor people suffer.

How do they die? Usually from heart trouble or from exhaustion. Does the bronchitis ever degenerate into phthisis? No. You will find persons with emphysema seldom are tuberculous. In some cases emphysema develops around tuberculous masses, but we do not find the emphysema as a general disease. Indeed, it seems that the diminished blood supply to their lungs renders these patients exempt from congestive difficulties, so you very rarely see these patients have pneumonia.

—Large tracts of land which until recently were utilized for the cultivation of wheat, maize, and other food products, are now covered with the poppy plant, the cultivation of which is being rapidly extended, both in India and Persia, notwithstanding that hundreds of thousands die annually from starvation in both countries.

MEDICAL SOCIETIES.

PENNSYLVANIA STATE MEDICAL SOCIETY.

The Thirty-first Annual Session was held at Altoona, commencing Wednesday, May 19th, at 11 A.M.

Dr. Andrew Nebinger, President, called the meeting to order, and prayer was offered by Rev. S. W. Duffield.

The Secretary read the list of delegates, etc., registered, and on motion of Dr. John L. Atlee, of Lancaster, the representatives from New Jersey were invited to seats on the platform. These were Drs. E. P. Townsend, of Beverly, and W. Elwell, of Burlington. About 200 names were enrolled.

Dr. Rowan Clarke, of Altoona, delivered an address, welcoming the Society to Blair County.

Dr. W. W. Dale, of Carlisle, offered a motion that any physicians present, not members, be invited to seats.

Dr. Weseman amended by adding provided they are in good standing in their county society, or graduates of a respectable regular medical school. This was accepted.

The motion was negatived.

Dr. Alexander Craig moved to strike off from the word "graduates, etc." Adopted, and the original motion was then adopted.

A motion was then made, by Dr. S. M. Ross, that Drs. C. C. Miller and J. C. Luke, of Cambria county, where there is no county medical society, be invited to seats.

An amendment, "that all physicians, graduates of regular colleges, in good standing, and recommended by any member of this Society, be invited to seats at this session, was negatived, and the original motion was adopted.

Dr. E. P. Townsend, of New Jersey, made some remarks in reply to the invitation, and on motion they were entered on the minutes.

Dr. O. H. Allis, Corresponding Secretary, presented his report, which was received and ordered to be spread upon the minutes.

Dr. Allis offered the following resolutions:—

Resolved, That the Philadelphia County Medical Society be constituted the custodian of the publications of the Pennsylvania State Medical Society, and of the Transactions of such other States as shall exchange with it, until the Pennsylvania State Medical Society shall make some other provision for the same.

Resolved, That the Publication Committee be constituted a Library Committee, to report, at the next meeting of this Society, the rules and necessities of such a library.

These were adopted.

Dr. Allis called up the amendment to the Constitution, as offered last year:—

"If any member or members of a county medical society shall violate the code of medical ethics, it shall be the duty of the said county medical society to discipline said member or members, and if any county medical society shall refuse or neglect to do so, it shall be the duty of the Censor of the State Medical Society, on being notified of such delinquency, to officially notify said medical society of the charges made against

it. And in case said county medical society shall neglect or refuse to investigate said charges, and to discipline the members so charged, within six months from the time so officially notified, said county medical society shall forfeit all its privileges and connections with the State Medical Society, and the severance shall be publicly announced at the ensuing annual meeting of the State Medical Society."

On motion, the amendment was adopted.

Dr. Clarke read a communication from Mr. Charles E. Pugh, General Superintendent of the Pennsylvania Railroad, extending an invitation to the Society to make an excursion to Cresson. The invitation was accepted, with thanks, and 8 o'clock on Thursday morning fixed as the time to leave for the mountain top, returning at 9.30.

Dr. John L. Atlee, of Lancaster, moved that the graduates of colleges of pharmacy be not included as laymen, as referred to in the code of ethics, in article 1, section 3, Duties of Physicians to each other. After much discussion the motion was laid on the table.

Adjourned until 2.30 P.M.

AFTERNOON SESSION.

The President called the Society to order at 2½ P.M.

On motion of Dr. J. A. Murphy, Dr. Fulton, of Philadelphia, was invited to a seat.

Dr. J. T. Carpenter, of Pottsville, then delivered the Address in Obstetrics. It was the History of the Rise and Progress of the Obstetric Art in Pennsylvania. On motion, the thanks of the Society were tendered the orator for his able paper, and it was referred to the Committee of Publication.

Dr. Jno. V. Shoemaker, of Philadelphia, read a paper on "New Remedies in the Local Treatment of Skin Diseases."

The first medicinal remedy considered was oleic iodoform, which was prepared by dissolving about twenty-four grains of iodoform in oleic acid. Dr. Shoemaker, in the course of his remarks upon the subject, added that he had been the first to use these two preparations in combination. The oleic iodoform had been prepared in the above manner, by Dr. Wolff, of Philadelphia, and had been very valuable in a number of cutaneous diseases. He claimed that the combination possessed many advantages over iodoform dissolved in either lard, alcohol, ether, chloroform or the fixed and volatile oils.

He also added that when oleic iodoform is applied to the unbroken skin it produces slight stimulation, but when used upon ulcers and ulcerations of the mucous membrane, it acts as a decided astringent. If brought in contact with discharging surfaces and luxuriant granulations, it will check all secretion, by contracting the vessels, condense the tissue, coat over the parts by precipitating the albumen, and so protect them from the injurious action of the air.

The active solvent power of this preparation, owing to the oleic acid, and its ability to penetrate deeply and rapidly into the animal textures, together with its combined stimulating and astringent action, renders it a most useful application in a variety of skin affections. The speaker referred to its value in scrofulous disease of the

skin, in eczema, in boils, carbuncles, and in psoriasis of the scalp.

The oil of ergot, the last medicinal remedy referred to, had, no doubt, never been used externally previous to the observations made upon its topical application by the speaker. In the course of his remarks he said the oil of ergot as found in the laboratory of the chemist is the waste material that had been left after preparing the various ergot preparations. As a local remedy this refuse oil is much cheaper than any of the other fats and oils, and contains additional ingredients that make it a most important therapeutic agent. When applied to the skin it has both protective, soothing and astringent action, and by its absorption frequently assists in nourishing the diseased part. He referred to the oil of ergot being a most useful application in seborrhoea of the scalp and other hairy parts, in cracked lips and nipples, in erysipelas, and in rosacea. Oil of ergot is also most beneficial in various affections of the mucous surfaces. For example, in nasal catarrh, in ulceration of the cervix, in gleet, and in both leucorrhoea and gonorrhoea, when used in the form of an emulsion mixture.

The paper was received, with thanks, and referred to the Committee of Publication.

It was discussed by Drs. B. Lee and W. T. Taylor.

Dr. Wm. H. Pancoast then made some remarks on Synovitis, and exhibited a number of specimens to illustrate them.

He also exhibited several new surgical instruments.

On motion he was requested to reduce his remarks to writing, for publication.

The subject was discussed by Drs. Lee, Hewson, Atlee, Varian and Barr.

The report read by Dr. Trail Green, of Easton, Chairman of the Committee to inquire into the status of Dr. J. P. Seiler, of Harrisburg, was followed by a lively discussion. The report was to the effect that the status of Dr. Seiler remained the same as it was when he was expelled from the Dauphin County Medical Society. The whole matter was finally disposed of by the adoption of a motion that Dr. Seiler was an expelled member of the Dauphin County Medical Society.

On motion of Dr. J. L. Stewart, of Erie, the report of the Committee was received, adopted, the Committee discharged, and orders drawn on the Treasurer for payment of services rendered by them.

On motion, it was agreed that the county delegates should select their members of the Nominating Committee immediately after adjournment.

On motion of Dr. Atlee, the citizens of Altoona were invited to hear the President's Address, this evening.

On motion, adjourned until evening.

EVENING SESSION.

8 P.M. Vice-President Dr. W. B. Ulrich, of Chester, in the chair.

The ex-Presidents were invited to seats on the platform.

The President, Dr. Andrew Nebinger, of Philadelphia, then delivered the Annual Address.

Dr. Nebinger said, in substance: We have

assembled in our thirty-first annual meeting, for friendly greeting, to note the changes of the past for our future improvement, and to make honorable mention of those who have finished their work and gone to the grave, like "one who wraps the draperies of his couch around him and lies down to pleasant dreams." He feelingly referred to those members of the Society who are yielding to the weight of years, spoke of the bright and cheering aspect of the country, in a commercial and business point of view, denounced jobbery and dishonesty in public affairs, told of the distress in Erin—the Green Isle of the Ocean—and compared the oppression, misrule, and the dreadful agonies of famine, hunger, disease and death in other lands with the growing prosperity of our own. "Erin, Green Isle of the Ocean, I love and cherish thee; not for thy great names, not for thy heroic deeds, but because of her from whose loins I sprang."

The Doctor referred at length to Medical Education; thought that the medical colleges of to-day are little if any better fitted for the matriculation and graduation of students than they were thirty years ago; that, in short, they had not kept pace with the science of medicine. He had collected the announcements of nineteen medical colleges in the United States, each of which provided only for a three years' course, and even less, two years and nine months. This was no improvement on the requirements of thirty years ago. Our colleges are defective in the work of imparting a medical education. From the report of the Surgeon General of the United States Army, it was learned that out of 92 applications for the position of Assistant Surgeon only 13 were qualified, while each of the 92 had a diploma bearing the names of the learned professors and the great seal of respectable colleges. Out of the 92 applicants, 79 were found to be virtually unfitted, although their medical *alma mater* had declared them qualified to perform the duties of Doctors of Medicine—a sad commentary upon the work of our colleges. The colleges of the East, West, North, South and the Middle States, are not graduating men as they should, in view of the advance in the science of medicine. The amount of time consumed in the graduation of our fathers is ridiculously inadequate to meet the requirements of to-day; it requires longer pupilage. As a society we should work to secure, by agitation, the necessary reform in medical education. Let us then, this day, commence this agitation, and, by work, make ourselves felt where it is necessary we should be felt—with the faculties and trustees of the medical colleges.

The Doctor referred at length to physiological therapeutists and conservative practitioners. In conclusion, Dr. Nebinger said that he had an abiding confidence in medicine; he had been educated in a medical school, had built up a large practice, and had established in his mind the fact of the controlling and high curative powers of medicine. He rejected its poetry and held fast to its prose. "I am a medicine man."

On motion of Dr. W. W. Dale, of Carlisle, the thanks of the Society were tendered the President for his able and instructive address, and it was referred to the Committee of Publication. Adjourned.

Second Day.

The Society was called to order at 9½ A.M., by the President.

Prayer was offered by Rev. A. S. Woodlee.

The Permanent Secretary announced the following as the Committee on Nominations:—

Adams county, O. W. Thomas. Allegheny, J. M. Stevenson. Armstrong, T. H. Allison. Berks, L. DeB. Kuhn. Butler, J. E. Byers. Chester, J. W. Hughes. Crawford, J. D. Littlefield. Clarion, J. F. Ross. Clinton, A. Fishburne. Clearfield, F. Todd. Centre, E. S. Dorworth. Cumberland, W. W. Dale. Dauphin, C. A. Rahter. Delaware, E. Fussell. Erie, J. L. Stewart. Fayette, J. T. Shepler. Franklin, J. C. Gilland. Fulton, H. S. Wishart. Huntingdon, Isaac Guss. Indiana, Wm. Anderson. Jefferson, A. O. Cox. Lackawanna, L. H. Gibbs. Lancaster, Alex. Craig. Luzerne, J. A. Murphy. Lycoming, Thos. Lyons. Mifflin, J. M. Brown. Montour, Isaac Pursell. Mercer, D. H. Mingle. Northampton, A. K. Seem. Perry, G. W. Eppley. Philadelphia, Addinell Hewson. Schuylkill, A. C. J. Smith. Snyder, H. H. Bordner. Tioga, E. S. Robins. Washington, C. B. Wood. Westmoreland, L. Offut. York, H. C. Alleman.

The Committee were instructed to meet at once.

Reports of county medical societies were presented, and referred to the Committee of Publication.

The Committee on State Board of Health presented their report, which was accepted and the Committee continued.

"The Committee on a State Board of Health beg leave respectfully to report that, in accordance with the resolution of this Society, at its last annual meeting, at Chester, a telegram was sent to the Legislature of the State of Pennsylvania, then in session, embodying the resolution of Dr. J. S. Crawford, of Lycoming County Society, seconding the bill then before the House of Representatives and urging its adoption. Owing to unfortunate complications in the Legislature, however, to which it is not necessary to refer by name, no action was taken upon the bill by that body. There having been no meeting of the Legislature during the past winter, a delay of two years has thus been unfortunately entailed in the prosecution of this important reform. So general, however, is the interest in sanitary progress at the present time, both among the public and in the profession, that your Committee feel confident that our Legislature must, ere long, yield to the pressure of an intelligent public sentiment. They, therefore, respectfully beg leave to be continued." WILLIAM B. ATKINSON, *Chairman*.

BENJAMIN LEE, *Secretary*.

Dr. R. L. Sibbett, Chairman of the Committee on Medical Legislation, presented a lengthy and interesting report, the reading of which was listened to with marked attention. The report stated that the bill before the last Legislature, looking to an improvement in the imperfect law regulating the registration, in all counties, of doctors, druggists and dentists, had passed the Senate, but that it had been defeated in the lower House. It referred at length to the pre-

ponderance of medical colleges in this country as compared with foreign countries, and in scathing terms denounced those so-called medical institutions which have been termed "diploma mills" and "doctor factories" by the press. Too many men obtain degrees and diplomas in an irregular manner, and it was the duty of the Society to recommend such legislation as shall save the State from further disgrace in this matter. A Board of Medical Examiners was a necessity, and the judicious use of the press an absolute necessity to effect wise and wholesome legislation. The Committee spoke encouragingly of the future. The thanks of the Society were tendered for the able report and the Committee was continued.

At this moment the Committee on Nominations presented their report, as follows:—

The Nominating Committee report Lancaster as the place for holding the next annual meeting, and the second Wednesday of May as the time. They also report the following officers and delegates for the year 1881:—

President—J. T. Carpenter, of Schuylkill county.

Vice Presidents—Thomas Lyon, of Lycoming; William Varian, of Crawford; C. A. Rahter, of Dauphin; W. R. Cowden, of Butler.

Secretary—Wm. B. Atkinson, of Philadelphia.

Recording Secretary—Alexander Craig, of Lancaster.

Corresponding Secretary—O. H. Allis, of Philadelphia.

Treasurer—Benjamin Lee, of Philadelphia.

The Committee on Publication will remain the same as last year constituted.

Dr. Addinell Hewson, of Philadelphia, was made a member of the Standing Committee, vice Dr. King, deceased.

Delegates to the American Medical Association—H. H. Smith, of Philadelphia; A. H. Sheaffer, of Mifflin; James Ogleby, of Montour; F. Ross, of Clarion; L. G. Mayer, of Mercer; L. H. Gibbs, of Lackawanna; P. B. Breinig, of Northampton; J. B. Burchfield, of Clearfield; T. H. Helsby, of Lycoming; T. McMichael, of Butler; L. De. B. Kuhn, of Berks.

Delegates to the New Jersey Medical Society—George D. Nutt, of Lycoming; J. W. Houston, of Chester; J. V. Shoemaker, of Philadelphia; H. L. Orth, of Dauphin; O. H. Allis, of Philadelphia.

Delegates to the New York Medical Society—J. E. Silliman, of Erie; T. H. Hays, of Centre; E. R. Merrill, of Luzerne; W. P. Shoemaker, of Clarion.

Delegates to the Ohio Medical Society—A. P. Cox, of Jefferson; J. H. Fishburn, of Clinton; G. E. Lytle, of Washington; B. E. Meserman, of Mercer.

Delegates to the Delaware Medical Society—Isaac Purcell, of Montour; Joseph Swartz, of Perry; B. F. Wagoner, of Snyder.

Delegates to the West Virginia Medical Society—W. S. Duncan, of Fayette; E. Phillips, of Fayette; O. L. Blachler, of Washington.

Delegates to the Maryland Medical Society—Charles Horner, of Adams; H. Alleman, of York; C. W. Krise, of Cumberland; R. P. Ewing, of Chester.

Delegates to the Massachusetts Medical Society—H. M. Bishop, of Mercer; J. D. Littlefield, of Crawford; Traill Green, of Northampton; Andrew Nebinger, of Philadelphia.

Delegates to the Connecticut Medical Society—Daniel J. Bruner, of Lancaster; J. A. Murphy, of Luzerne; William Varian, of Crawford.

No change was made in the Censors, save in the Eleventh district, where B. H. Detweiler was made Censor in place of T. Lyon.

After some discussion, on motion of Dr. W. Pepper, of Philadelphia, it was

Resolved, That this Committee be authorized to confer with any representative medical men in Philadelphia, to secure efforts to stop the traffic in diplomas.

On motion of Dr. Traill Green, of Easton, the Permanent Secretary was directed to call the roll of counties and see, 1st, how many have appointed a Board of Medical Examiners, as directed two years since by this Society; and 2d, if any young men in said counties have entered upon the study of medicine during the past two years.

The responses to the interrogatories seemed to have special bearing on the first question only, and the following counties answered it affirmatively:—

Allegheny, Armstrong, Blair, Berks, Centre, Chester, Columbia, Dauphin, Delaware, Erie, Huntingdon, Indiana, Jefferson, Lancaster, Mercer, Mifflin, Schuylkill, Tioga, Washington, York.

The following counties had nothing of the kind asked for:—

Adams, Butler, Clarion, Clearfield, Cumberland, Crawford, Franklin, Fulton, Fayette, Lackawanna, Lycoming, Luzerne, Montour, Northampton, Perry, Philadelphia, Venango.

The report was received, and the officers elected unanimously.

Dr. J. L. Zeigler, of Lancaster, moved that no delegates from a county medical society be allowed to take seats at the session of next year, unless they bring evidence of having complied with the law requiring the appointment of medical examiners. After some discussion, a motion to lay this on the table was lost by a large negative vote, after which the resolution was adopted.

The report of the Committee on Epilepsy and Insanity, made by Dr. John Curwen, of Harrisburg, was adopted, and ordered to be spread upon the minutes.

But one county had responded, and the Committee was continued.

On motion of Dr. Cohen, of Philadelphia, it was agreed that the papers crowded out on Wednesday be read in their order after the completion of the regular order of business for to-day.

Dr. John H. Packard, of Philadelphia, then read the Address in Surgery, of which we present the following abstract:—

Preliminary remarks.

Surgical Pathology—Lipemia or fatty embolism; connection between eczema, etc., and cancer; micrococcus peculiar to gonorrhoea; papers by S. W. Gross, on sarcoma of long bones.

Ophthalmology—Color blindness; eserine and

duboisia; "ennervation" as a substitute for excision of eyeball.

Anæsthesia—Bromide of ethyl; nitrous oxide under compressed air.

General Surgery—Of Head—Cerebral localization. *Of Neck*—Excision of larynx; pharyngotomy without a guide; infra-hyoid laryngotomy. *Of Thorax*—Paracentesis pericardii. *Of Abdomen*—Cholecystotomy; removal of kidney; litholapaxy; supra-pubic drainage of bladder; nerve surgery; suture and stretching; Adams on finger contraction.

Surgical Achievements—Ligation of middle meningeal artery, and of second carotid and subclavian, for aortic aneurism; electrolysis in aortic aneurism; excision of floating kidney; Ash-hurt's double amputation of hip and leg; Pean's and Langenbeck's operations—butchery, not surgery.

Surgical Appliances—Electric light; new form of endoscope; Davy's lever; hot water as a hæmostatic; carbolized jute.

Antiseptic Surgery—Oblique incisions; curious points of difference in the surgical experience of different countries.

The address was received, with thanks, and referred to the Committee of Publication.

Dr. Isaac N. Kerlin, of Media, read the Address in Mental Disorders. It was chiefly de-

voted to the consideration of idiocy and its treatment.

It was also referred.

Dr. William Goodell, of Philadelphia, then read a paper on "Clinical Observations on the Radical Treatment of Fibroid Tumors."

On motion, Dr. Goodell was thanked, and the paper referred.

Dr. J. Solis Cohen, of Philadelphia, read a short paper, on Hyper-distention of the Air Cells as a Therapeutic Measure; illustrated by an instrument for the purpose. He claimed most valuable results from this method in a variety of cases.

The paper was referred to the Committee of Publication.

Dr. William Pepper, of Philadelphia, read a paper, "Practical Remarks on the Treatment of Asthma."

The paper was referred to the Committee of Publication.

The Treasurer, Dr. Benjamin Lee, of Philadelphia, reported, showing a balance in favor of the Society, of over \$1700.

Drs. T. Green, W. W. Dale and W. H. Daly were appointed to audit his account.

They reported that the accounts were correct, and were discharged.

On motion, adjourned until 9 A.M.

(To be Continued.)

EDITORIAL DEPARTMENT.

PERISCOPE.

Method of Restoring the Asphyxiated.

Dr. Charles Shepard, of Grand Rapids, Mich., writes to the *Detroit Lancet*, for May, 1880, as follows:—

Within the last three months I have attended two ladies in their first confinement, at full term. Both were healthy, small-sized women. Breech presentations in both cases; and the little beings, in attempting to get into this world, apparently stepped into the other before they got here. They were in a state of asphyxia on their arrival. In neither case was there beating heart or moving lungs. They were dead. A description of the means used for restoring one will answer for both, as they were the same. I tied and severed the umbilical cord; seized the child by the thighs near the body with my left hand, placed my right hand under the back of the head with my thumb and forefinger passing up under the ears on each side, and commenced an end and end movement, by raising the feet up and dropping the head down, and in a few seconds reversed the movement—head up and feet down. Repeated these movements about twenty times per minute; at the end of five or six minutes, normal respiration commenced. The heart resumed its movements, and life again took possession of the body. A hot woollen blanket had been ordered and the child was wrapped up in it. It

had good nursing afterward, and is now living. Now, I believe the foregoing described plan or movements will be more effectual in restoring the asphyxiated (in whatever way produced) than any other ready method yet devised—not excepting Marshall Hall's or the one recommended by our State Board of Health. It is a plan applicable to all ages.

When the body is elevated to an angle of forty-five degrees or more, with the head down, the abdominal viscera fall against the diaphragm and force the air, mucus and all foreign matter from the lungs and air passages; the blood also flows to the brain, right side of heart and lungs, stimulating those organs. Reversing this movement, the abdominal organs fall away from the diaphragm, drawing it along with them. The air rushes into the lungs, to fill the vacuum created. The blood flows to the right and left side of the heart and lower extremities, in this way imitating the normal movements of respiration and circulation, as nearly as may be.

The details as to how to execute the movements will suggest themselves to almost any one of ordinary sense. Children can be caught up in the arms of a person and the movements executed.

At life-saving institutions or stations, an apparatus can be made, consisting of a board or plank, upon which the patient can be placed and held (either on one side or back) and the plank worked over a centre, like the walking-beam of an engine. Various accessory means may be

used, especially heat applied to the surface, holding the tongue from dropping back into the pharynx, etc., etc. Perhaps there is nothing new in this proposition, but I can assure the profession it is the best plan I have ever adopted for resuscitating still-born children. Try it.

Causes of Ceruminal Accumulation in the Ear.

Dr. James Patterson Cassels states, in the *Glasgow Medical Journal*, for May, 1880, that blocking up the meatus by cerumen caused deafness more or less complete in 70 patients out of the whole number, 491, treated for aural disease in the Glasgow Royal Infirmary during the two years ending Nov. 1st, 1879, and that these accumulations arise from many causes, chief among them being the habit of over cleanliness which possesses some persons, and by which they are induced to make attempts to clean out the meatus by such means as the point of a wet towel, bent hairpins, and sometimes even common pins and matches; the circumstances of such patients not enabling them to use the more aristocratic "auralave," concerning which I can say that no instrument has been introduced of late years so well adapted to cause ceruminal accumulation in the external meatus. On the other hand, many cases are also due to structural peculiarities; thus, instead of the cartilaginous portion of the meatus having a direction downward and outward, and trumpet-shaped, it sometimes has a direction inward and downward, the consequence of which is, that the cerumen tends to run backward and inward instead of downward and outward, as is the case in a normally formed meatus. Most persons have experienced the sensation of tickling at the orifice of the meatus, which causes them to carry their finger tip to the orifice of the canal involuntarily, and to twirl it in that orifice with the result of bringing away a greater or less quantity of cerumen. This is nature's mode of preventing a ceruminal accumulation.

Myopia.

Dr. Horstmann, in *Archiv f. Augenheilkunde*, vol. ix, has drawn up a statistical report of all the cases of myopia treated at the Berlin University Ophthalmic Poliklinik during the years 1873-1878. There were 1815 cases in all, with 3581 myopic eyes. The results arrived at are shortly as follows: The minor degrees of myopia are more frequent in the young; there is a gradual increase in the proportion between the lower and higher degrees as age advances. Far the greatest proportion of short-sighted individuals are only slightly myopic. The myopia is generally developed between the eighth and sixteenth year, and becomes stationary shortly after puberty. Myopia of a medium degree, which begins about the same time, continues progressive till the twenty-fourth to thirtieth year. The high degrees, on the other hand, are subject to periodical increase during life. The most frequent change in the myopic eye is staphyloma posticum; it is absent, as a rule, only in young individuals whose myopia is slight, although occa-

sionally also in highly short-sighted eyes. The size of the staphyloma is subject to great variation. In the higher degrees, especially in old people, it is almost always more extensive than in the young and minor degrees. It is situated, almost invariably, on the temporal side of the nerve, being sometimes annular, however. Its shape is regular, except when the myopia is great, in which case the visual acuity is also generally diminished. Choroidal changes were found in 11.87 per cent., generally central. Detachment of the retina is the next most frequent complication, usually occurring after middle age, and most frequently, though not invariably, associated with the higher degrees. A form of glaucoma is found in highly myopic eyes, which only resembles the usual form in the increased tension of the globe and excavation of the papilla, and for which iridectomy is of no avail. Spasm of accommodation occurs much less frequently in myopes than many seem to imagine. In no case was it found to produce an axial elongation, as Dobrowolsky supposed. Muscular asthenopia is occasionally found in young individuals whose myopia is not excessive, more frequently in aniso- than iso-metropia. Divergent strabismus is generally dependent on myopia, is seldom developed before the tenth year, and most frequently met with when the myopia is considerable. The squinting eye is, as a rule, amblyopic, or more myopic than the other. Strabismus convergens is occasionally associated with myopia. These results seem to agree, on the whole, with those of Donders.

The Treatment of Hydatid Cysts of the Liver.

Dr. Roger, of Havre, in *Bulletin Général de Thérapeutique*, March 30th and April 15th, 1880, relates a case of hydatid cyst of the liver, which he treated successfully by direct puncture, with a large-sized trocar. The patient was a woman, aged 37, and had suffered from the affection for more than five years. The symptoms were emaciation, anorexia, serous diarrhoea, vomiting, and a peculiar earthy complexion. Jaundice had been present, but only in a very slight degree. The right hypochondriac region was occupied by a distinct swelling, which imparted a sense of fluctuation. The diagnosis was held to lie between hypertrophy of the gall bladder, cancer, and a serous or hydatid cyst. As the state of the patient rendered operative interference urgently necessary, a puncture with a large-sized trocar was made, and a litre and a half of purulent fluid drawn off, which, on examination under the microscope, gave the characteristic appearance of hydatids. The author accompanies his narrative of this case by a carefully written clinical commentary. He examines in succession the various methods of opening hydatid cysts of the liver, viz., by caustic, by capillary puncture, and by immediate puncture with a large trocar; and, on various grounds, prefers the last. All purely medical treatment he holds to be at least useless in such cases, and in some it may be a dangerous waste of time. The method of opening the cyst by caustics he condemns as painful, and often inefficacious. Aspiration is always valuable as a diagnostic

measure; as a method of treatment, however, it is not to be relied on, as it frequently fails either to evacuate the fluid or to prevent recurrence. When the diagnosis has been clearly established, no procedure is so satisfactory as puncture with a large trocar, the cannula being left in the wound, and daily injections of some antiseptic fluid made through it. As regards serous cysts of the liver, the author thinks that in the present state of knowledge a differential diagnosis between such and hydatids is impossible without preliminary puncture; he is inclined to attribute many of the cures of so-called hydatid cysts by capillary puncture to the fact that such cysts were, in reality, collections of serous fluid, containing no echinococci whatever.

Rectal Alimentation and Medication.

Dr. J. W. C. O'Neal, of Gettysburg, says, in an excellent paper on the above subject, which appeared in the *Transactions of the Medical Society of the State of Pennsylvania*, at its Thirtieth Annual Session, 1879—

The physiology of the rectum as a lower stomach is not understood clearly; it is thought, however, to nourish through the power of the absorbent vessels. That food is taken up and appropriated there can be no doubt. Precisely how taken up, or how appropriated, is not, as yet, clearly intelligible to the observer. Fæces held in the bowels after an invitation to be passed by nature, become dry, and at times hard, losing much of the moisture that renders them plastic when normal. Milk thrown into the rectum, when permitted to remain, parts with its nourishing properties in a similar manner. Soups, etc., send back only their effete matter. As the fluid is taken from the fæces, so are the nourishing principles picked from the articles of alimentation. Reasoning from this standpoint, may we not come to the conclusion that the use of a part may develop a function; and that a condition of disease may so sharpen a rudimentary power as to enable it to perform a duty hardly designed in the primary organization?

A Rare Form of Spermatorrhœa.

Dr. Enrique Harraez relates, in *El Siglo Médico*, April 18th, 1880, a curious case which lately came under his treatment. The patient was 24 years of age, in apparently good health, so far as regarded any actual pathological deviation. The family history was also good, though various members upon the mother's side had at sundry times exhibited symptoms of a herpetic diathesis. In Dr. Harraez' case, the most curious feature was, that spermatozoa appeared in the urine only once in the twenty-four hours, namely, in that passed immediately after the mid-day meal. The author satisfied himself by actual observation of the truth of this statement. If the meal were omitted, the usual appearance in the urine, namely, that of a thick, ropy, white deposit, did not occur; and it could also be caused to disappear by pressure over the prostatic portion of the urethra during the act of micturition, but if this pressure were relaxed it would

at once return. The diagnosis lay between undue relaxation with patency of the spermatic ducts, or increased tonicities of the vesiculæ seminales. During a period of six months, treatment with bromide of potassium, opium, and camphor, followed up by belladonna, ergot, strychnine, and electricity, was practiced without any success. Trouseau's prostatic pad was also tried, but was badly borne by the patient. In these circumstances, the author, recollecting the fact of herpes having occurred in several members of the patient's family, conceived that possibly arsenic might prove of service. This was administered, as Fowler's solution, and the use of the prostatic pad was insisted on. At the end of eight days, however, this latter was no longer needed, as all the symptoms had disappeared. This occurred in July, 1877, since which time there has been no return whatever of the seminal emissions.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—We have received the Thirty-first Annual Report of the Trustees of the Indiana Hospital for the Insane.

—We acknowledge the receipt of the Twenty-First Annual Announcement of the Woman's Medical College of Pennsylvania, for the session 1880-1.

—The Sixty-Third Annual Report on the State of the Asylum for the Relief of Persons Deprived of the Use of their Reason contains valuable statistical tables on the causes of insanity, etc.

—We have just received a reprint from the *American Journal of Pharmacy*, of a paper on Ethyl Bromide, which was read before the Pharmaceutical meeting, April 20th, 1880, by Lawrence Wolff, M.D.

—The report of a case of intra-uterine pregnancy, with post-mortem examination, by Talbot Jones, M.D., of St. Paul, Minn., has been sent us, in a reprint from the *American Journal of Medical Science*.

—Thomas Keith and Ovariectomy, is the subject of a pamphlet by Dr. Marion Sims, of New York, reprinted from the *American Journal of Obstetrics and Diseases of Women and Children*, vol. xiii, No. 2, in which the author gives a detailed report of two operations witnessed by himself. He thinks that Dr. Keith's great success depends on the scrupulous care with which he removes every drop of blood before closing the

abdominal cavity. A portrait of Dr. Keith accompanies the pamphlet.

—The Throat and its Functions in Swallowing, Breathing, and the Production of the Voice, is the title of a lecture, delivered by Louis Elsberg, A.M., M.D., Professor of Laryngology and Diseases of the Throat in the Medical Department of the University of New York, etc., etc., in the Hall of the Young Men's Christian Association, February 25th, 1879, being one of a course of popular scientific lectures, instituted by the New York Academy of Sciences. It has been published in a neat little octavo volume of 60 pages, with illustrations, by G. P. Putnam's Sons, 182 Fifth avenue, New York.

BOOK NOTICES.

A Guide to the Examination of the Urine. Designed chiefly for the use of Clinical Clerks and Students. By J. Wickham Legg, Fellow of the Royal College of Physicians of London, Assistant Physician to St. Bartholomew's Hospital, and Lecturer on Pathological Anatomy in the Medical School. Fifth edition. Philadelphia, Presley, Blakiston, 1012 Walnut street, 1880. Paper cover. Small 8vo, pp. 110. Price 75 cents.

This little manual contains the elements of urine analysis, presented in a concise form, and is intended as a students' guide, or as a pocket companion to the busy practitioner who may not have time to consult the larger works on the subject. Simple rules for the performance of the most important examinations are therefore laid down, and the clinical import of any change in the normal composition of the urine is given. An appendix has been added, in which the manner of estimating the urea, chlorides, phosphates, sugar, etc., by volumetric or other rapid analysis, has been described.

The Hysterical Element in Orthopædic Surgery.

By Newton M. Shaffer, M.D., Surgeon in Charge of the New York Orthopædic Dispensary and Hospital, Orthopædic Surgeon to St. Luke's Hospital, New York. New York, G. P. Putnam's Sons, 182 Fifth avenue, 1880. Cloth, 8vo, pp. 86.

This is the reproduction in book form of an essay which was read before the New York Neurological Society, December 1st, 1879, and published in three consecutive numbers of the *Archives of*

Medicine. It contains several reports of nervous mimicry of knee joint disease, hip joint disease, Pott's disease, club foot, and simulated lesions of other articulations, with remarks on the differential diagnosis between true and false joint diseases and treatment. The literature on orthopædic surgery being rather meagre as regards complications of a hysterical nature, this little volume must be considered as a valuable addition to what has hitherto been written on the subject.

Health and Healthy Homes: A Guide to Domestic Hygiene. By George Wilson, M.A., M.D., Medical Officer of Health for Mid-Warwickshire Sanitary District, and Author of Handbook of Hygiene and Sanitary Science. With Notes and Additions by J. G. Richardson, M.D., Professor of Hygiene in the University of Pennsylvania, etc., etc. Philadelphia, Presley Blakiston, No. 1012 Walnut street. 1880. Cloth, 8vo, pp. 314. Price \$1.50.

The author's aim in writing this little work has been to furnish the general reading public with a concise and practical treatise on the prevention of disease, a subject which has of late years been attracting a great deal of attention, though far from as much as it deserves. Beginning with an introductory chapter on vital statistics, in which he points out the amount of preventable disease and the possibility of lowering the general death rate materially, the author proceeds, in the next chapter, to the discussion of the structure and chemical composition of the human body and the physiology and functions of the various organs, a knowledge of which is essential to an intelligent appreciation of the laws of health. In the third chapter the numerous causes of disease, whether hereditary, self-induced, or communicable, endemic or epidemic in their character, are explained. The fourth chapter treats of food and diet, including water and other beverages. In the fifth chapter will be found instructions with regard to cleanliness, bathing and clothing in their relations to health; while the sixth is devoted to a consideration of the hygienic uses and advantages of exercise, recreation, and physical training. In the seventh chapter the essentials of healthy homes and their surroundings are fully detailed, while the eighth treats of infectious diseases and their prevention. The book, which we can heartily recommend, is written in a popular style, technicalities being avoided as much as possible, and deserves a wide circulation.

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 A WEEKLY JOURNAL,
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D. G. BRINTON, M.D., EDITOR.

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SUGGESTIONS FOR PROFESSIONAL SUCCESS.

The question was put to us from several quarters, not long since, How is a young graduate to succeed in practice? What are the points he should observe, to make a good living by his profession? We promised a reply to the inquiry, and now present it. It contains no secret and certain plan, no unknown artifice; it is simply a digest of our observations of the modes of successful practitioners.

In the first place, a doctor, to succeed, must *know his business*. It is just as essential to him as to a carpenter or shoemaker. Bunglers and botchers cannot deceive for any long time. We have heard it stated that ignorant doctors often get large practices, but we are convinced that nowadays this is not the case. The physician now should not only have a thorough training in a medical college, and a certain amount of hospital experience, but he should constantly keep up his medical professional studies, by the attentive perusal of new books and journals. This we lay down as the corner stone of his success.

Secondly, he should *attend to his business*. The old advice is still good: "If you don't keep your office, your office won't keep you." Not only must he stick to his office, and be always ready for calls, but he must be attentive to every case he undertakes. While many people are suspicious, if a doctor calls often, that he is running up a bill, all these and many others are quickly resentful if they think they have been neglected or forgotten. Nor do they like it at all if what has been said or done at one visit is not remembered at a subsequent one.

Next in order of attention are *personal manners and habits*. No man can expect practice in the better class of families who neglects his personal appearance, whose clothes are soiled or seedy, whose breath smells of tobacco, beer and onions, whose hands are unwashed and the nails in mourning. It is needless to say that he must be temperate and of good repute; but it is not at all necessary that he should be a hypocrite, or use a church as an advertising agency.

He must be *stationary*. The place he settles at should be chosen after full consideration; and once settled, he should, unless the very strongest motives arise to dictate another course, determine to remain there in spite of opposition and ill-success. Many men become discouraged after a few years of effort in one location, and thus move from spot to spot, through their whole lives, never building up a good practice anywhere. It is certain they never can do so unless they settle fixedly and doggedly in one place.

He should make *fair charges*. Nothing is gained in the long run, by charging excessively when a chance is offered, as against the estate of a decedent, for example; nor, on the other hand, does it pay to attend a lot of poor families for a very low figure. It is better to demand a fair customary fee from the poorer class, and, of course, a higher, but not an extravagantly high one, from the wealthy. In the long run this pays better.

Books of account should be kept with entire accuracy. The visits should be entered the day they are made. All the items of a bill should

be verifiable at a moment's notice. The books should be balanced frequently, and old and dead accounts charged off.

A very essential point is *collection*. Some doctors rather pride themselves on being indifferent collectors. Their example is to be avoided. Bills should be promptly sent in when due, with a polite note calling attention to them. In family practice in this city this is usually done on the first days of January and July. This is none too often. Once a quarter were better, or even monthly. The nearer the business can be made to approach a cash one, the better.

If the bills are not responded to within thirty days it is proper to write again, or to call personally. In doubtful cases no delicacy need be used, and a certain degree of urgency is perfectly proper. Still, we would not advise such determined collection as that we knew practiced by a down country doctor, who carried away for his fee a poor woman's cook stove. She made such a fuss about it that the village grew uncomfortable for him, and he was obliged to leave.

It rarely pays to sue for a bill, even when the debtor is a "dead beat," that is, a man able but not willing to pay. The bill and costs may, indeed, be collected, but, in country districts especially, the suit is apt to make an unfavorable impression on the community.

While it is important for a physician to live in comfortable style, ostentation and excessive personal or family expenditures are no advantage. In the larger cities there is a great deal of rivalry in display. Liveried drivers, fancy turnouts, costly houses, etc., are quite the rage among Philadelphia and New York physicians; and in less obtrusive forms the same foolish vanity is seen in less populous centres. This is derogatory to a learned profession, and of doubtful value as a business advertisement (which it is intended to be).

It repays a physician to be on good terms with his professional neighbors. He need not be intimate; it is better not; but it is better to overlook and pass by a great deal of annoyance than to fall into open enmity.

As to the numerous Bob Sawyer artifices to impress the public and catch practice, it has not been our observation that they amount to much as business moves. Some are pretty sure to be detected, and their exposure is ridiculous. Nor does the grasping for patients by covert misrepresentations of other physicians pay, in the long run. The most successful men, in a money point of view, we have personally known did not resort to such measures. As a matter of policy, we doubt their value.

NOTES AND COMMENTS.

Therapeutical Notes.

HYDRATE OF CHLORAL IN GONORRHEA.

We notice, in *Allgem. Med. Central-Zeitung*, April 24th, 1880, that Dr. Pasqua has found acute gonorrhœa to yield rapidly to the following treatment:—

R. Chloral hydrate, gr. xxiv
Aque rose, $\frac{3}{4}$ iv. M.

Sig.—To be injected twice daily, into the urethra, and retained for a couple of minutes.

SULPHIDE OF CALCIUM IN SUPPURATING BUBOES.

Dr. Fegsenden N. Otis states, in the *New York Medical Journal* for May, 1880, that he has been in the habit, for the last five years, of prescribing the sulphide of calcium in cases of threatened suppuration in phlegmonous swellings, from various causes, and as a rule, with very gratifying results. Dose, one-twelfth of a grain every two hours.

Statistics of Frostbite.

Dr. H. Fremmert has published, in Langenbeck's *Archiv*, volume xxv, the statistics of the cases of frostbite admitted into the Obuchow Hospital, in St. Petersburg, during the ten years, 1867-77. The total number was 494, 456 being males and 38 females. In general, the number of cases of frostbite was greatest in the most severe winters, but it was not in absolutely direct ratio to the temperature. The circumstances which specially favored the occurrence of frostbite were sudden changes of temperature, early setting in of frost, severe frost occurring during great public works, and long continuing violent winds. The total number of cases of frostbite occurring in St. Petersburg, during 1870 is calculated by the author as about 700, of which eleven per cent. were admitted into the Obuchow Hospital. In this year there were three

deaths from the operation of cold. Moderate degrees of cold are sometimes borne for an astonishingly long time without destroying life. In the winter of 1850-51 a peasant was enclosed in his sledge by a firm crust of snow. On the first day he had some bread, but afterward nothing, until he was found, at the end of twelve days; he was then conscious; his face was yellowish; his body much emaciated; several toes were frozen. He recovered; but there was still obscurity of vision in both eyes at the end of two months. Of 402 cases of frostbite occurring in men, regarding which accurate data could be obtained, 112 occurred in passive conditions; viz., 55 during sleep on the ground, and 57 in wagons or sledges. Almost 40 per cent. of the frostbites occurred during intoxication. Of the 38 cases in women, 7 were in passive, and eleven in active, conditions; in 10 the attack took place during intoxication. Only 212 out of the 494 patients had sufficiently warm clothing. In 29 cases the individuals were exposed to the action of cold during at least twelve hours; in 300 cases the exposure was shorter, but in all cases lasted several hours; in 91 it varied from half an hour to two hours. As regards the part of the body, in 333 cases of frostbite the lower limbs alone were affected; in 105 the upper limbs; in 38 both the upper and the lower limbs; in 12 the limbs and other parts of the body. In only 6 cases the extremities were not frostbitten, the parts affected being the external ear, the nose, the cheeks, the prepuce, and the glans penis. The right hand was affected more than twice as frequently as the left, and the right foot oftener than the left, in the proportion of three to two. This latter fact is believed by Dr. Fremmert to be due to the practice of allowing the right foot to hang out of the sledge during traveling. The spontaneous separation of frozen fingers and toes took place generally on the sixteenth, seventeenth and eighteenth days, but sometimes was delayed until the middle of the sixth week. The general health of the patients remained undisturbed throughout in 52 per cent. of the cases; in 23 per cent., frostbite caused general disturbance: viz., in 7 per cent. there was hospital gangrene, in 6 per cent. erysipelas and phlegmon, in 8.4 per cent. traumatic and pyæmic fever (after operation), and in 1.6 per cent. septicæmia, cerebral embolism and tetanus. The average duration of treatment was, in the mildest cases, little more than two weeks, in mild cases six weeks, and in severe cases from two to five months. Death occurred in 42 cases (in 18 from pyæmia and septicæmia); 54 patients were dis-

charged in progress of recovery, and 398 cured. The author says little of treatment; vertical suspension was found useful, and antiseptic dressings were used.

Systemic Poisoning by the External Application of Carbolic Acid.

The following case was reported in the *Medical Times*, May 8, 1880, by Dr. Comegys Paul, of this city:—

A young convict, about 24 years old, complained of the excessive discomfort caused by a crop of herpes upon his right side, extending from the nipple to the axilla. The part was painted with a saturated solution of carbolic acid, with the effect of entirely relieving the pain. It was then dressed with vaseline. Two days after he asked to have the acid again applied. Within twenty minutes after it was done he became faint and dizzy, very weak in the legs, and exhibited all the signs of a general collapse. The condition lasted about half an hour, when he gradually began to revive.

The surface covered by the carbolic acid was not more than five square inches, and the second application came in contact with only a partially denuded cuticle of much smaller extent.

Nerve Grafting.

We learn, from the *British Medical Journal*, May 6th, 1880, that at the recent Surgical Congress, in Berlin, Herr Gluck reported the results of some observations which he had made on the transplantation of nerves. His experiments had been performed on twelve common fowls, from the sciatic nerves of which he had removed portions three or four centimetres (0.12 to 0.16 inch) long, and substituted for them portions of the sciatic nerves of rabbits. At the end of eleven days the conducting power of the nerves was found to be restored; irritation of the sciatic nerve above the transplanted portion (the nerve being carefully isolated) producing muscular contraction. The restoration of the conducting power occurred even when the position of the peripheral and central ends of the transplanted nerve were reversed, the latter being fastened by suture to the central end of the divided nerve in the fowl, and *vice versa*. In order that the result may be successful, union of the ends of the nerves by the first intention is indispensable. This, according both to the present and the former researches of Herr Gluck (described in Virchow's *Archiv*, Band 72), is a true regeneration, consisting in the development of ganglionic cells (neuroblasts) which, at the end of three

days, have united the axis cylinders of the central and peripheral portions, while the change of the rows of nerve cells into young nerve fibres sets in between the sixth and the eleventh day. Herr Gluck expressed the hope that his researches might prove to be of considerable practical value. He was able to show animals which, after the nerve grafting, walked as well as others on which suture of nerves had been practiced long before; while, on the other hand, fowls from whose sciatic nerves large portions had been simply removed still remained lame at the end of eight weeks.

The Wourali Poison.

Mr. Montague Flint, F.R.G.S., in *Temple Bar* for May, gives an account of the circumstances attending the preparation of wourali by the Macusis of the Canuca Mountains. The people of this tribe say they are the sole patentees of this subtle and renowned poison; and even of the Macusis, only a few know how to prepare it. It is accounted a great secret, and is imparted from father to son or next male heir, when the former is believed to be at the point of death. The process of manufacture is carried on on comparatively rare occasions, and is surrounded with great solemnity. For ten days previous to the first boiling down all the men who are to take part in it are supposed to fast, and all the women of the tribe are carefully kept out of the way. The long arrows the natives use with the bow are sometimes dipped in the poison, and a small tube of bamboo placed over the tip, to prevent any one being accidentally pricked by it. The blow-pipe arrows or shafts, mentioned by Waterton and others, are thin slips of hard wood, made from the stem of the leaf of the cucurite palm. They are generally from twelve to eighteen inches in length; sharpened at one end and wrapped round the other with common cotton, or with the brown, silk-like cotton of the silk-cotton tree. The sharp points are dipped in the wourali, which is of the color and consistence of melted glue. These they carry in a wicker case, shaped like a dice box, but larger, very closely woven, and with a leather top and bottom, the top opening on a leathern hinge. The length of the blow-pipe itself varies from twelve to fifteen feet. Thus equipped, they range through the forests, shooting monkeys, birds, or such other animals as come in their way. The only antidote to the poison they are in the habit of using is a kind of earth worm, well known to them, and common enough in these parts. Should any of them be so unfortunate as to get scratched, a hasty search

is made for some of these earth-worms, which are pounded together, a portion being used to anoint the wound, and the rest swallowed by the patient.

Salicylate of Lime as a Topical Application in Chancreoidal Ulcers.

Dr. Rodriguez Viforcos gives, in *el Siglo Medico*, for March, 1880, an account of two cases of what he calls syphilitic ulcers, but which we take to have been chancreoidal, in which the beneficial effects of salicylate of lime were very marked. The first case was one of soft sores, five in number, occupying the sutures between the prepuce and the gland. These were dressed several times a day with a two per cent. solution of the salicylate of lime. Within eight days the surface of the ulcerated patches was perfectly clean, the character of the inflammation had changed, and in three days more (eleventh of treatment) healthy granulations had everywhere appeared. The second case was one of phagedenic ulceration of the skin of the penis, extending from the middle to the base of the organ. The parts were very much swollen, and the destructive action was evidently spreading. The author refrained from cauterization, believing that such a procedure tends, if anything, to increase the probability of necrosis, but had recourse to carbolic acid, alcohol, tincture of iodine, and various other medicaments. None of these, however, giving satisfactory results, he tried the same solution of salicylate of lime as in the preceding case. The effects were remarkable; the pain at once became less, and cicatrization, hitherto so sluggish, now set in with healthy vigor. Within thirty days of commencing the application of the salicylate the ulcerated surface was completely healed over.

Deaf-Mutism.

The *British Medical Journal*, May 8th, 1880, informs us that M. Boucheron has lately read a paper at the Paris Academy of Sciences, on a mode of treatment of certain infantile cases of deafness, or deaf-mutism. The cases to which he referred are those arising from naso-pharyngeal catarrh, causing the mucus of the Eustachian tube to swell and stop the passage; the stirrup bone, ere long, being, through pressure of external air on the tympanum, made to press strongly on the liquid of the labyrinth, injuring the acoustic nerve. M. Boucheron gives chloroform to the child, and practices catheterism, insufflation of air, and pharyngeal cauterization with a brush dipped in iodine solution.

Treatment of Tetanus by Smoking Indian Hemp.

Dr. John C. Lucas, in the *Medical Times and Gazette*, strongly advocates the treatment of tetanus by smoking Indian hemp. The leaves of the cannabis indica are mixed with three or four times their quantity of ordinary tobacco. Directly there are indications of a spasm coming on, the fumes are inhaled until the attack ceases. The patient is then left quiet, but carefully watched, so that the pipe may be instantly handed to him on any appearance of the spasm returning. In this way the patient is kept continuously under the influence of hemp, day and night, nourishment being carefully administered at the same time. The advantages claimed for this mode of treatment are these: 1. The spasms are cut short. 2. They reappear gradually, at longer and longer intervals. 3. They gradually become not only less frequent, but less severe. 4. This saves the patient's vital powers. Mr. Khasligir, of India, has also treated five cases of traumatic tetanus, all recovering, by this method.

The Removal of a Neoplasm from the Bladder.

Prof. Marcacci relates, in *L'Imparziale*, February, 1880, a case in which he illuminated the interior of the bladder by magnesium light, the rays being projected into the interior of the viscus by a concave mirror. By this means he was enabled to diagnose the existence of a neoplasm, which proved, on examination, to be villous in structure. The bladder was laid open anteriorly, throughout its whole extent, by a suprapubic incision, the peritoneum being necessarily divided. Through this large opening the growth was removed in fragments. At the time of the writing, nine days after the operation, there had been no untoward symptoms, and the case promised most favorably.

CORRESPONDENCE.**Value of the Forceps in Difficult Labor.**

ED. MED. AND SURG. REPORTER:—

On May 5th, 1880, I was called upon to attend a Mrs. R., in her first confinement. She is a perfectly healthy woman, twenty-four years of age, and weighs about 150 pounds. She had come from the country to her mother, in Yazoo City, to be confined. I arrived at the house about five p. m., and found her in incipient labor; pains very short and at intervals varying from fifteen to twenty minutes. On examination per vaginam, I found the os uteri soft and yielding, but not dilated. I was told by her mother that she had gone beyond the expected time, that she had had a "show," a discharge from the genitals of mu-

cous matter mixed with blood, for a week, but she had none at the present examination. Living only a short distance from her residence in the city, I left the house, as there was no necessity for remaining, and told them to send for me when the pains became more regular and uniform. At 9 p. m. a messenger summoned me in haste, and when I reached the premises I found my patient under full head of labor. On examination, I found the os dilated to the size of half a dollar, soft and yielding, and through the os my finger touched a hard substance, which I thought was the occiput of the child. Anticipating a natural labor, and feeling somewhat fatigued, I drew a chair to the bed, and waited until interference would be necessary, for by this time the pains were strong and lasting longer. I did not have to wait long; the waters broke in about thirty minutes after taking my seat, and on reexamination I found a face presentation, face toward the symphysis pubis, and the occiput to the promontory of the sacrum, being the fourth position of face presentation, according to the late Professor George Mendenhall, of Cincinnati, my tutor. I was at once awake to the situation, and tried to alter the position before it descended into the strait, if possible. The excellent physique of the woman, as well as a large, roomy pelvis, with hard and persistent labor pains, I thought would be favorable to my undertaking. I placed my two fingers on the forehead of the child and pressed it forward to the symphysis pubis, my two fingers acting as a lever during the pains, and at the same time with my left hand pressed gently on the abdomen. I worked in this way for about an hour, without any progress or benefit to the patient, or in the way of accomplishing my object. The chin of the child had slipped from under the os pubis; the pains were increasing in strength, and the head of the child was firmly impacted.

I at once sent a messenger to my office, for instruments and chloroform. On their arrival the lips and cheeks of the child were already cedematous, the throat pressing against the os pubis. Without any delay I put the patient under the influence of chloroform, and applied the forceps, for the mother showed signs of rapid exhaustion, and the child was in danger of suffocation, as every pain forced its throat against the pubic arch. Knowing the exact position of the child, I had very little difficulty in applying the forceps, applying each blade over the cheek and ear. I then locked the forceps securely, and placed myself in position to give a steady, firm traction with the curve of the sacral arch during pain; and with the third pain the head of the child was delivered, and the child alive. Hemorrhage followed, which was checked by means of raw cotton. I then introduced my hand into the uterus, and giving the placenta a twist, it was also delivered, at the same time using abdominal friction. The uterus contracted readily, and hemorrhage ceased. The mother reacted from the chloroform without any nausea or vomiting. The child was somewhat disfigured, from oedema of the lips, cheeks and eyes, and its little throat was somewhat blue and stretched, where it had rested under the pubic arch; but otherwise it did not have a scratch. It breathed

fast, with a wheezing sound, like a person afflicted with asthma. The mother was not injured, except a slight rupture of the perineum. It is now fourteen days, and mother and child are both doing well. The cedematous swelling of the child disappeared on the second and third day.

It may seem to some of my professional brethren that I am inclined to favor meddlesome midwifery, on which several articles in your valuable journal have been published, that this woman, with an excellent physique, and other gifts of nature, should have been delivered by forceps in the short space of time of seven hours. Why not have used the vectis, instead of the forceps? In reply, I will simply state that vis medicatrix naturæ could never have accomplished what the forceps did in this case. In the above described position the child could never have been born without instrumental aid, nor could the child have lived one hour longer in that position. I did not use the vectis because it would not have answered the purpose in this case. I could not have made with it any traction or pendulous motion, so essential in impacted heads, and besides, the pressure with it on the skull of the child would necessarily have caused some damage in this case. As regards forceps, I look upon them as one of the noblest instruments in our profession, and if properly used it is seldom any harm comes from them, either to mother or child.

In applying forceps, however, we should always evacuate the bladder and rectum, have an accurate conception of the position of the head of the child, manipulate so the blades will easily lock, never force them to lock, use traction only during pain, expand the blades at intervals of pain a little, but never unlock them, as some obstetricians advise, but keep your finger on the lock all the time; it is the slipping of the blades and the force used during the interval of pains which does all the harm. I should, however, not advise to use the forceps in all lingering and difficult labor, but should advise their use when needed, while the mother is still able to do her part, and not wait until the eleventh hour, when life and energy are almost extinct; this done, the forceps will enjoy a better reputation than they do now. I have used the forceps for the last twenty years, in hospital and private practice, and always with gratifying results; it is my humble opinion that all or most of our bad results arise either from misapplication or a too late application; for the use of the forceps is looked upon by many practitioners as the *dernier* resort in obstetrics. When the suffering mother, after having spent long and weary hours in agonizing pains, and exhausted her vital force in a fruitless effort for relief, has been dosed, to speed her on the road to exhaustion; when fear and despair are legibly written in her countenance, and she is subjected to an additional shock by the hurried application of the forceps, what result can we expect? In her helpless condition she cannot comply with nature's law, and the troubled accoucheur, to save the lingering spark of life yet left, has to resort to the only means of relief, the forceps, which he applies in hurry, or perhaps with force, and is compelled to drag or pull the child from its mother by main

force, at the imminent peril of both, and if he does not hurry them to an untimely grave, causes, perhaps, such damage to the mother as to make her future life gloomy, if not unendurable.

Yazoo City, Miss. I. I. STEINRIEDE, M.D.

A Case of Extra-uterine Pregnancy.

ED. MED. AND SURG. REPORTER:—

About the middle of last March, a young married woman, Mary A., aged twenty-two years, died suddenly, under such peculiar circumstances as obliged the attending physician to report the case to the Coroner, who ordered a post-mortem examination. The body, which I saw some ten hours after death, presented no unusual appearances, beyond a marked prominence of the abdomen and a slight discharge of blood and mucus at the vaginal orifice. Upon dissection all the organs were found in a healthy condition, save the uterus and its appendages. The uterus, which was larger than normal, measured, from the os to the fundus, four inches in length, and was two and three-quarter inches in breadth at the fundus; its walls measured half an inch in thickness. The mucous membrane lining its cavity was hypertrophied and peeling off in shreds; the os uteri was closed by a plug of thick gelatinous mucus. The right Fallopian tube, measuring four and three-quarter inches in length, was much thickened and its calibre enlarged, the fimbriated extremity being obliterated, and the end of the tube being attached to the outer end of the right ovary. The broad ligament on this side was thickened and drawn up to the Fallopian tube by old inflammatory adhesions, in such a manner as to cause the ovary to present on its anterior surface. This Fallopian tube contained a small amount of thick, grumous pus, and the ovary, which measured one and a half inches in length, contained a number of Graafian vesicles, in various stages of immaturity. The left ovary, measuring two and one-eighth inches in length, contained a corpus luteum, three-fourths of an inch in length and half an inch in width, whitish in color, the convoluted walls being of a pale yellow. The left Fallopian tube, which was drawn down to the ovary by a thickening of the broad ligament, measured two and a half inches in length, and terminated in a cystic appendage, four and a half inches long by three inches thick, from behind forward, and, as will be seen, this cyst was the pavilion of the Fallopian tube. The dependent extremity of this appendage was attached to the outer side of the left ovary, and a quarter of an inch from its attachment there was an irregular orifice of rupture in the wall of the cyst; this aperture was plugged by a small clot of blood; the peritoneal cavity was filled with clots and liquor sanguinis, to the extent of some three or four pounds, death having evidently been the result of hemorrhage. Upon cutting into this peculiar appendage of the left Fallopian tube a quantity of clear liquid escaped, and in its interior I found a well formed male foetus, which measured, when extended, four and one-eighth inches in length, and which I judged to be from twelve to fourteen weeks old. The cord measured five inches

in length, the chorionic part of the placenta being attached to the posterior wall of the cyst, toward the upper left hand corner. The wall of this cyst averaged about one-eighth of an inch in thickness, and was composed externally of serous membrane, internally of hypertrophied mucous membrane, and of the villous processes of the chorion, which, when examined microscopically, were found to be beautifully developed.

Judging from the point of attachment of the cord to the placenta, this most interesting case would seem destined to go upon record as another instance of extra-uterine pregnancy occurring in the pavilion or fimbriated extremity of the Fallopian tube, of which, upon reference to the rather scanty literature on the subject, in Dr. Parry's most valuable work, I find that, out of 500 cases of extra-uterine impregnation, there were but 34 recorded cases. It would be a point of much interest could we determine whether the morbid condition of the Fallopian tubes was due to the occurrence of extra-uterine impregnation, or whether it existed previously. Unfortunately, neither the woman's previous history nor the post-mortem can throw any light upon this interesting question. Of the woman nothing is known, except that she had been ailing for some three months, with no very definite symptoms, until within a few days previous to her death, when she was seen by Dr. J. D. Schoales, of this city, who treated her for neuralgia, and who informed her that she was pregnant. On the day before her death she was seen by Dr. C. G. Polk, who found her suffering from severe pain in the bladder, micturition frequent and difficult, considerable abdominal tenderness, pulse 112 and feeble, respiration 40, skin cool, countenance anxious. The uterus seemingly normal, and not much, if any, larger than natural. She stated to him that she believed herself pregnant, not having menstruated for three months. Examination of the mammae revealed the darkened areolae, and Dr. Polk strongly suspected extra-uterine pregnancy. He prescribed morphia, belladonna and potassic bromide. When he next saw her, at seven A.M. the following morning she was dead; the body was still warm. The woman, it was stated by her husband, had complained during the night of violent pain in the abdomen, and of a frequent desire to go to stool, and early in the morning, while at stool, fainted, was placed on her bed, but never afterward regained consciousness. The unexpected suddenness of her death made it necessary for the Coroner to investigate it. From her husband it was ascertained that about a year previous to her death she had been pregnant and had aborted; at what period of pregnancy, however, no reliable information could be obtained.

JOHN G. LEE, M.D.,
Coroner's Physician.

107 South 13th street, Philadelphia.

A Case of Poisoning by *Phytolacca Decandra*.

ED. MED. AND SURG. REPORTER:—

March 30th, 1880, was called to see H., infant, aged two years. History. Had been playing "keep house" with a sister two years older, who, having inviting the younger to dine

with her, had placed upon her table the luxury, polk root, calling it sliced turnips. Not being able to go I sent my friend and pupil, Dr. J. E. Gray, who made the following report. Child had taken probably two ounces (as the mother said a handful), about 4.30 P.M. Vomiting occurred at 5.30. Dr. Gray arrived at 10 P.M. Found it vomiting and extremely restless, with constant thirst; pupils widely dilated, as much so as if a large dose of belladonna had been taken; pulse too fast to count, weak and wiry; tongue, mouth and fauces swelled, red and dry; great prostration. Gave Hartshorne's cholera mixture, every hour and a half. No change occurred for two hours; added digitalis and whisky toddy every hour, which caused an improvement in volume and distinctness. Left at 12 o'clock, ordering the treatment continued. 9.30 A.M., reported better; slept an hour, but had commenced to purge, probably from castor oil, of which they had administered several doses on their own responsibility; I added ice to treatment and forbade all water except slippery elm.

2 o'clock P.M., March 31st. Seen by myself; resting easy; no vomiting since 11.30 A.M., when the ice and slippery-elm water had been given; all the previous treatment had been continued; purging had ceased at 10 o'clock; pupils still dilated; pulse rapid but full and soft; tongue and fauces still red, but not swollen; drank half a glass of milk at 12 o'clock, and suckled at 1, falling asleep afterward, and being asleep when I arrived. Ordered all treatment discontinued and left the child asleep. Perfect recovery followed.

Elizabethtown, Ky.

A. W. MORRIS, M.D.

NEWS AND MISCELLANY.

Resuscitation of an Executed Criminal—Death from Delirium Tremens the Following Day.

The *Lancet*, May 15th, contains a brief account of the resuscitation of a criminal named Takacs, who was hanged recently at Raab, in Hungary. The method of execution adopted in Hungary is peculiar. There is no drop; the gallows is but little raised. The noose is of fine rope, and is placed around the neck of the criminal, and is then so tightened by a sudden "tour de main" of the executioner as to cause strangulation, and even dislocation of the cervical vertebrae. Great skill is, of course necessary, to produce this effect. Afterward, the body of the criminal is raised to the gallows by the assistants of the executioner. Formerly the dislocation of the vertebrae was produced in a much more certain, although more brutal, manner. After the criminal had been suspended, the executioner jumped upon his shoulders with a force which never failed to produce the desired effect. In the present method a powerful contraction of the muscles of the neck may interfere with the effect of the sudden tightening of the noose. In the case of Takacs the same effect was produced by another cause. The execution took place in the ordinary way. The medical officer in attendance stated, immediately, that the man was dead, and in two minutes the body was cut down and carried to the post-mortem room of the Raab Hospital. Professor

Bierbauer proposed to make some observations upon it by electrical stimulation, but when he was about to commence tremors were observed, and a choking noise was heard in the throat. The Professor's assistants were seized with panic, and a message was sent off to the Procureur General, to know what should be done with the body of a criminal the muscles of which contracted without the aid of electricity! Pending the reply, however, the Professor set about completing the resuscitation. It was found that the vertebral column was intact, and that there was a large scrofulous sore on the neck, which had apparently been so irritated by the rope as to cause extreme pain and death-like syncope. It seemed, also, that a number of enlarged glands had prevented the compression of the trachea, and strangulation. The first distinct movement which was observed was the elevation of the hand to the back of the neck. As consciousness returned the patient passed into an intense attack of delirium tremens, of which he died next day.

Opposing Compulsory Vaccination on Religious Principles.

The Punjab Hindoo Association deprecate compulsory vaccination and the putting of a new sanitary primer, written by the Sanitary Commissioner with the Government of India, into the hands of schoolboys and of half-educated people, for the information it contains as to the source from which vaccine lymph is obtained. They maintain that in the Punjab, at least, Hindoos are, as a rule, unacquainted with this source, and that the knowledge of the lymph being derived from the cow would, on religious grounds, be fatal to the practice of vaccination among them, as the use of such lymph, or to abet its use, would be to commit, or cause to be committed, a ceremonial impurity. They also express their regret that attention had not been given to procuring vaccine lymph from the buffalo (which would not affect religious susceptibilities), and not from the cow.

Inoculability of Leprosy.

The following case is related in the *Medico-Literary Journal* for May, 1880:—

The son of a physician on one of the Hawaiian Islands inoculated himself with the disease. He was playing with a little native leper in whom the disease had so far advanced as to have caused the loss of all sensibility in his legs, below the knees. The leper was amusing his playmate by inserting a pin into the calf of his leg, and the plucky white boy, not to be outdone by a Kana-ka, took the same pin and inserted it into his own leg. The consequence was the physician's son became a leper.

A Novel Suture.

The Rev. J. G. Wood, the well-known writer on entomology, says the *Medical Times*, is responsible for the statement that in some parts of Brazil ants are used for sewing up wounds. He says—

"They simply pinch the edges of the wound

together and hold the ant to it. The creature immediately bites at the obstacle, making its jaws meet. The native surgeon pulls away the body, leaving the head still adhering. Seven or eight ants' heads are sometimes employed for a single wound."

OBITUARY NOTICE.

The death is announced of Dr. Charles T. Van Winkle, one of the oldest practicing physicians in New Jersey, who followed his profession for forty years, at Little Falls, near Paterson. Besides having an extensive country practice, which gave him a wide reputation, he was known as a public-spirited citizen. Although nearly 80 years old, he was quite active until very recently.

QUERIES AND REPLIES.

Dr. J. W. C., of Alabama, writes: "One physician has a case of surgery, and he calls in two others to aid him. He gets \$100 for the case, and gives to each of the other doctors \$25, keeping \$50 for himself. Is that agreeable with the spirit of the Code of Ethics? One of the doctors called in furnished the instruments.

Ans.—The Code of Ethics lays down no definite rule for guidance in such cases, but generally the attending physician would be entitled to the largest fee, unless one of the others were called in as a specialist, and performed the operation. The fact of having furnished the instruments would be considered only as an act of courtesy, not entitling the owner to any additional fee.

MARRIAGES.

BAKER—OLIVER.—May 29th, 1880, by Rev. E. B. Furbish, at the residence of the bride's father, F. J. Baker, m.d., of Youngstown, N. Y., and Miss Isa B. Oliver, of Lookport, N. Y.

KING—RAMSDELL.—In Harrington, Me., May 9th, by Rev. G. G. Winslow, assisted by Rev. W. H. Crawford, J. Melville King, m.d., of Damariscotta, to Miss Alsena M. Ramsdell, of Harrington.

STUART—PARKHURST.—On May 15th, 1880, by the Rev. Erskine N. White, d.d., James H. Stuart, m.d., of Boston, Mass., and Henrietta, daughter of the late Albert Parkhurst, of New York.

WILSON—PORTER.—By the Rev. Seth E. Gordon, April 22d, 1880, at the residence of the bride's father, Dr. W. G. Wilson and Miss Lizzie Porter, all of Piquette, Pa.

DEATHS.

BARTON.—In Orange, Mass., May 7th, Dr. Edward Barton, aged 74 years, 3 months.

CLANCEY.—On College Hill, Cincinnati, Ohio, May 7th, 1880, Laura Sadd, beloved wife of Dr. D. W. Clancey.

FREEDLEY.—In this city, suddenly, on the 27th ult., Henry Stiles Freedley, m.d., in the twenty-fourth year of his age.

HAHN.—At Freeland, Montgomery county, Pa., May 12th, 1880, Ann Bringham Hahn, wife of Dr. William B. Hahn, aged 73 years.

MASON.—At Paris, France, Thursday, May 27th, suddenly, after a brief illness, Mary Isabella, wife of Dr. William Mason, daughter of Mr. George James Webb, aged 46 years.

MITCHELL.—In this city, on the 17th inst., of pneumonia, Florence L., wife of Dr. J. Nicholas Mitchell, and only daughter of Dr. A. R. Thomas.

ROWAND.—In this city, on the 24th ult., Dr. John R. Rowand, aged 69 years, 2 months.

WATSON.—At Dresden, Saxony, on the 16th inst., Helen F., wife of Dr. A. T. Watson, and daughter of the late Elisha W. King.